

**UNITED STATES GOVERNMENT
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 31**

CATHOLIC HEALTH CARE WEST- SOUTHERN
CALIFORNIA d/b/a NORTHRIDGE HOSPITAL
MEDICAL CENTER ^{1/}

Employer

and

Case No. 31-RC-7804

AMERICAN FEDERATION OF NURSES,
LOCAL 535, SERVICE EMPLOYEES
INTERNATIONAL UNION, AFL-CIO, CLC

Petitioner

DECISION AND DIRECTION OF ELECTION

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, herein referred to as the Act, a hearing was held before a hearing officer of the National Labor Relations Board, herein referred to as the Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record in this proceeding, the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein. ^{2/}
3. The labor organization involved claims to represent certain employees of the Employer.

4. A question affecting commerce exists concerning the representation of certain employees of the Employers within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

5. The following employees of the Employers constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act: ^{3/}

INCLUDED: Full time and regular part-time employees employed by the Employer at its Roscoe Blvd. Campus (including 7230 Medical Center Drive in West Hills, as well as 18300 Roscoe Blvd., 18350 Roscoe Blvd., 18420 Roscoe Blvd, 18546 Roscoe Blvd.) and at its Sherman Way Campus at 14500 Sherman Circle who are employed in the following job classifications: registered nurse, registered nurse degreed, clinical educator, case manager, infection control practitioner, clinical nurse specialist, trauma nurse coordinator, employee health nurse, clinical nurse, clinical nurse coordinator, family practice nurse and registered nurse dialysis. Also eligible to vote are those per diem employees employed in the above classifications who worked an average of not less than 8 hours per pay period during the 13 week period prior to the eligibility date.

EXCLUDED: All other employees, patient care executives, case management director, clinical education director, nursing director, clinic service manager, office manager, employee health manager, clinical supervisor, administrative nursing supervisor, admitting supervisor, case management supervisor, office clerical employees, confidential employees, guards and supervisors as defined in the Act.

DIRECTION OF ELECTION ^{4/}

An election by secret ballot shall be conducted by the undersigned among the employees in the unit found appropriate at the time and place set forth in the notice of election to issue subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit who are employed during the payroll period ending immediately preceding the date of the Decision in this matter, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained the status as such during the eligibility period and their replacements. Those in the military services of the United States Government may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by **AMERICAN FEDERATION OF NURSES, LOCAL 535, SEIU.**

LIST OF VOTERS

In order to assure that all eligible voters may have the opportunity to be informed of the issues in the exercise of the statutory right to vote, all parties to the election should have access to a list of voters and their addresses which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *National Labor Relations Board v. Wyman-Gordon Company*, 384 U.S. 759 (1969); *North Macon Health Care Facility*, 315 NLRB 359 (1994). Accordingly, it is hereby directed that within 7 days of the date of this Decision, 2 copies of an election eligibility list, containing the **FULL** names and addresses of all the eligible voters shall be filed by the Employer with the undersigned who shall make the list available to all parties to

the election. In order to be timely filed, such list must be received in the office of Region 31, 7th Floor, 11150 West Olympic Boulevard, Los Angeles, California 90064-1824, on or before **February 22, 2000**. No extension of time to file this list may be granted, nor shall the filing of a request for review operate to stay the filing of such list except in extraordinary circumstances. Failure to comply with this requirement shall be grounds for setting aside the election whenever proper objections are filed.

RIGHT TO REQUEST REVIEW

Under the provision of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W., Washington, DC 20570. This request must be received by the Board in Washington by **February 29, 2000**.

DATED at Los Angeles, California this 15th day of February, 2000.

/s/ James J. McDermott
James J. McDermott, Regional Director
National Labor Relations Board
Region 31
11150 West Olympic Blvd., Suite 12100
Los Angeles, CA 90064-1824

FOOTNOTES

- 1/ The name of the Employer appears as corrected at the Hearing.
- 2/ Catholic Health Care West- Southern California d/b/a Northridge Hospital Medical Center, is a California corporation engaged in the operation of acute health care facilities, with a principal place of business in Northridge, California. During the past 12 months, the Employer derived gross revenues in excess of \$250,000. During that same period of time, the Employer purchased and received at its California facilities goods valued in excess of \$50,000 directly from enterprises located outside the State of California. The Employer thus satisfies the statutory jurisdictional requirement as well as the Board's discretionary standard for asserting jurisdiction herein. *Butte Medical Properties d/b/a Medical Center Hospital*, 168 NLRB 266 (1967).
- 3/ The Petitioner seeks to represent a unit of registered nurses. At the hearing, the parties agreed that the following employees should be included in the unit: clinical educators, case managers, infection control practitioners, clinical nurse specialists, trauma nurse coordinators, employee health nurse, registered nurses, registered nurses degreed, clinical nurses, and clinical nurse coordinators. The parties disagree with respect to the scope of the unit. The parties also disagree with respect to the issue of whether the unit should include the job classifications of family practice nurse and dialysis nurse.

With respect to the scope of the unit, the Petitioner asserts that the unit should be limited to employees in the agreed upon classifications who are located at the Employer's facilities at 18300 Roscoe Blvd, 18350 Roscoe Blvd and 18420 Roscoe Blvd in Northridge. The Employer takes the position that the unit should include employees located at 18546 Roscoe Blvd. in Northridge, and 7230 Medical Center Drive in West Hills and that the unit also should include employees located at the Northridge Hospital Medical Center's Sherman Way Campus, located at 14500 Sherman Circle. The parties have stipulated that there is no collective bargaining history with respect to the employees in the petitioned-for unit.

The Northridge Hospital Medical Center (hereinafter sometimes referred to as “NHMC”) is comprised of two “campuses” – the Roscoe Campus (located in Northridge) and the Sherman Way Campus (located in Van Nuys). The Employer operates an acute care facility at each of the two campuses. Although at one time the two acute care facilities were operated as separate entities, they merged in about June 1995. The Roscoe Campus consists of an acute care facility (with about 427 beds), with adjacent medical office buildings and a satellite dialysis clinic in West Hills. The acute care facility is located at 18300 Roscoe Blvd.; the adjoining medical office building, which houses the hyperbaric medicine facility, is located at 18350 Roscoe Blvd.; the Pavilion Plaza is located at 18420 Roscoe Blvd; the medical office suites from which the mobile dialysis nurses are dispatched is located at 18546 Roscoe Blvd.; and the satellite dialysis clinic is located at 7230 Medical Center Drive in West Hills. There are 480 registered nurses who work at the 18300 Roscoe building, 4 registered nurses who work at the 18350 building, 4 registered nurses who work at the 18420 building, 19 registered nurses who work at the 18546 building (of which 11 work in the outpatient clinic and 8 work in the mobile dialysis clinic) and 6 registered nurses who work at the satellite dialysis clinic. Since the satellite dialysis clinic is considered to be part of the Roscoe Campus, the satellite dialysis clinic is encompassed by references in this decision to the Roscoe Campus, unless noted otherwise.

The Sherman Way Campus, located at 14500 Sherman Circle in Van Nuys, is comprised of an acute care facility (with 211 beds), with an adjacent mental health pavilion and two medical office buildings, which house certain hospital clinics. The Sherman Way campus is about 6 miles from the Northridge Campus and it is about a ten minute drive between the two campuses. The West Hills satellite dialysis clinic is about 11 miles from the Northridge Campus and it is about a fifteen minute drive from that campus.

Catholic Health Care West became the owner/operator of the Northridge Hospital Medical Center in December 1998. The NHMC holds itself out to the public as one institution. The signs at both campuses identify the facility as “Northridge Hospital Medical Center.” The badges worn by employees at both campuses identify the name

of the employee and state "Northridge Hospital Medical Center." The badges do not specify a particular campus.

Although there is an acute care facility at both the Sherman Way and Roscoe campuses, certain services are provided at only one of the facilities. Only the Roscoe Campus is designated as a regional trauma center and considered to be a tertiary care facility, which has the ability to care for patients who require more intensive oversight. The Roscoe Campus offers a number of services, programs and/or procedures which are not offered at the Sherman Way Campus, including: radiation oncology; head and neck oncology; angioplasty; cardiac rehabilitation; cardiac surgery; dialysis; hyperbaric medicine; neurosurgery; spinal cord and head injury rehabilitation; adolescent psychiatry; sleep disorder; cardiothoracic surgery; neonatal intensive care; pediatric intensive care; hyperbaric oxygen therapy; collaborative cancer care; and high-risk perinatology and neonatology services. Other services, such as the wound care clinic, the cardiopulmonary rehabilitation unit, the pregnancy abstinence program, the children's assault treatment services and geriatric unit are housed at the Sherman Way campus. Patients may be moved from one campus to the other, as needed. For example, a patient discharged from the acute-care facility at the Roscoe Campus may then be admitted to the transitional

care unit at the Sherman Way campus. Or, a baby born prematurely at the Sherman Way Campus may be moved to the neonatal care unit at the Roscoe Campus. On those occasions, a nurse from the neonatal unit at the Roscoe Campus goes with the ambulance to transport the newborn from the Sherman Way Campus. The record also reveals, however, that at the choice of the parents or physicians, a newborn requiring neonatal care could be transferred to a hospital other than the Employer's Roscoe Campus facility.

The Employer's President and Chief Executive Office has held that position since March 1997. Since he took over that position, he has worked to more fully integrate the two campuses, particularly the human resource and financial services functions. The Employer publishes a newsletter to the community which describes itself as serving the public from two locations. The newsletter describes programs and services available at

both campuses. The Employer maintains a single non-profit foundation which raises funds for the entire Northridge Hospital Medical Center. There is a transportation department, operating out of the Roscoe Campus, which transports goods and people between the two campuses. The Employer maintains one common physician directory, which lists the physicians at all of the Employer's locations and a bi-campus communications directory which lists all of the departmental and individual telephone, pager and fax numbers for employees of all divisions.

The record reveals an organizational structure pursuant to which various managers, supervisors and employees have responsibilities with respect to both the Sherman Way and the Roscoe campuses (referred to in the record as "bi-campus" responsibility). There are 350 positions with bi-campus responsibilities. Although the managers with bi-campus responsibilities are primarily housed at the Roscoe Campus, these managers generally maintain offices at both campuses and regularly travel to the Sherman Way facility. The managers with bi-campus authority include: the President, the Vice-President of Human Resources; the Vice-President of Behavioral Health Services; the Vice President of Finance and Chief Financial Officer; the Director of Marketing and Communications, the Director of Community Initiative and the President of the Fund Raising Foundation. There are other managers and or supervisors with bi-campus responsibilities who report to the above-listed high level managers. There is a separate Chief Operating Officer for each campus. There also is a separate Vice-President of Patient Care Services for each campus, who is responsible for the provision of nursing services at that campus.

NHMC has a Senior Leadership Team, comprised of managers with bi-campus responsibilities and of the Vice-Presidents and Chief Financial Officers of each campus, as well as the Vice Presidents of Patient Care Services of both campuses. The Senior Leadership Team is responsible for the development and implementation of policy. The Employer has management retreats and management development classes which are offered to managers from both campuses. In addition, the Employer has a Leadership Forum, comprised of the Senior Leadership Team and their direct reports, as well as the clinical

supervisors. The Leadership Forum meets once a month to facilitate communication. In addition, there are a number of other bi-campus committees, such as the quality improvement committee and the environment of care committee, that are comprised of representatives from both campuses and which have jurisdiction over both campuses.

The financial operations of the Roscoe and Sherman Way campuses are highly integrated. There is one common bank account and one single tax identification number. The billing is done under the same provider number and there is one payroll. The Employer enters into single managed care contracts which cover both campuses. However, as the Petitioner notes, there are separate medical and medicare provider numbers and the two acute care facilities receive separate accreditations. The financial operations have been integrated since about 1994 or 1995. The Vice President of Finance and Chief Financial Officer is responsible for the financial operations of the NHMC. Directors who report to him also have bi-campus responsibilities, including the Director of Telecommunications/Information Systems (who is responsible for the information systems), the Director of Medical Records, the Director of Financial Services (who is responsible for admitting, billing and collection), and the Director of Materials Management (who is responsible for procuring supplies at both campuses). The procurement and supply distribution systems are integrated. The information systems are integrated so that employees, including the registered nurses, can access patient information from either campus. Similarly, the billing system is integrated so that a billing employee can access billing information for either campus from either location. The same medical record system is used for both campuses.

There is a centralized human resources department, under the direction of the Vice-President of Human Resources, Mr. Salomon. There are seven (7) directors, managers and a supervisor who report to Mr. Salomon who also have bi-campus responsibilities. The human resources department is responsible for recruitment, staffing, employee relations, benefits and compensation, health and safety, education, training and development, payroll services, transportation, security, parking and the chaplaincy. All employees are

governed by the same human resources manual and the same policies, practices and procedures.

There is one Director of Human Resources, who has bi-campus responsibilities with respect to recruitment, staffing, employee relations, and policies and procedures. The central human resources department coordinates recruiting for all departments. On a regular basis, the Employer places a single advertisement for open positions at both campuses. Thus, if critical care nurses are required at both campuses, the advertisement would merely solicit resumes for critical care nurses and the resumes would be aggregated. The applicants would be considered for positions at both campuses. Although resumes can be submitted at either campus, the resumes are sent to the human resources department at the Roscoe Campus. Job openings at both campuses are posted internally at least every other week. The openings are posted in the cafeterias, information desks, and nursing offices at both campuses as well as on the internal e-mail system, a telephone jobline, and on the Employer's website. The job openings are organized and listed by job classification, not by campus location. The same application form is used for openings at both campuses. Although applicants can state a preference for work at a particular campus, they are informed that they might be offered a position at either campus. The central human resources department conducts the initial screening of the applicants. Acceptable applicants are then referred to the appropriate manager or supervisor, who interviews the pre-screened slate of candidates. The managers and supervisors can not extend job offers to the candidates they select. All job offers must come from the central human resources department.

All newly hired employees are required to take a physical examination, drug test, and TB test and are subject to a background check. All new employees attend the same one-day orientation most of which is held at a common location, regardless of the campus at which the new employee will work. At the new employee orientation the Employer explains the terms and conditions of employment and the Employer's policies and procedures. The orientation includes topics such as employee benefits; the payroll-timekeeping system; injury prevention and reporting; infection control program; risk

management; security; safety; and an overview of the Employer's history, business, mission, and values. Only the last module of the orientation is held at the location to which the employee will be assigned.

The Director of Human Resources is responsible for investigating and resolving employee relations issues at both campuses. Employee grievances are brought to the attention of the human resources department. The grievance procedure involves several steps, starting with the aggrieved employee's direct supervisor and, eventually, if necessary, the Employer's president. A representative of the human resources department assists the aggrieved employee in the preparation of the grievance and serves as a neutral observer throughout the process. The human resources department is involved in the grievance procedure to ensure consistency in the resolution of the grievances.

The Director of Human Resources also is responsible for the development and administration of human resources policies, procedures, and practices, which are uniform at both campuses. There is one human resources manual governing employment at both campuses. Employees at both campuses are subject to the same employment policies, including paid time off policies, progressive discipline policies, and, as noted above, the same internal grievance procedure. Identical employment forms are utilized for employees at both campuses, such as time-off requests, transfer requests, and tuition reimbursement. The central human resources department is involved in disciplinary matters at both campuses. The Vice-President of Human Resources makes the final determination with respect to the termination of employees at either campus and, in fact, either he or the Director of Human Resources must approve the issuance of any written disciplinary action.

The Director of Human Resource Services is responsible for the compensation, benefits and human resource information services at both campuses. The salary structure and classification systems are the same at both campuses. The employees receive the same benefits (including health, dental, vision, life insurance, long term disability, health care spending account, short term disability, pension and tax savings), regardless of the campus to which they are assigned. The record reveals, however, that many of the

benefits are common to employees at all of the hospitals operated by Catholic HealthCare West.

There is one Manager of Employee Health and Industrial Rehabilitation, who has bi-campus responsibility for a safe working environment. She investigates employee injuries and is involved in workers' compensation issues and ergonomic studies. She also administers the uniform policies governing matters such as new hire physicals, tuberculosis testing, drug screening, and the uniform leave and return to work programs. There is one fund for ergonomic improvements at both campuses.

There is one Manager of Security and Transportation who has bi-campus responsibilities with respect to security at both campuses (including the medical office buildings and the West Hills dialysis clinic). He also has responsibility for the transportation system, which transports goods and people between the two campuses and transports some outpatients to clinics and some inpatients who have been discharged. There are uniform security policies at both campuses and the Manager of Security and Transportation provides security training at both campuses. There are numerous safety and security programs which are in effect at both campuses. These programs, including matters such as infection control policies and procedures and injury and illness prevention, affect how registered nurses perform their work. In addition, there are a number of bi-campus safety-related committees and sub-committees.

There is one Director of Training and Development for the NHMC. She is responsible for the patient care services orientation, clinical education training, new graduate or specialty training, regulatory training, competency training, and leadership development training at both campuses. Registered nurses can attend education classes at either location. The Director of Training and Development is the supervisor of the clinical educators, who are registered nurses. The employer has only one director of training responsible for training at both campuses so that there will be a uniform level of competency and standard of care.

As described above, all new employees are required to attend an 8-hour orientation, most of which is held at the Roscoe Campus, regardless of the campus to which the new employees are assigned. In addition to attending the new employee orientation, newly hired registered nurses must also attend a 4-day patient services orientation. At the patient services orientation, the uniform policies concerning matters such as, code blue; cultural assessment; patient rights; ergonomics; infection control; pain management; blood administration; IV therapy; phlebotomy; and pharmacy are discussed. The registered nurses are also invited to attend continuing education classes, which are available to the registered nurses at both campuses. About 25% to 30% of the registered nurses assigned to the Sherman Way Campus attend training classes at the Roscoe Campus and about 20% of the registered nurses assigned to the Roscoe Campus attend training classes at Sherman Way Campus. The Employer operates a cost effective joint training program so that the registered nurses at both campuses will have the same training opportunities and so that the training will be consistent. The Employer publishes a newsletter called “nurselink” which addresses patient care issues and is provided to registered nurses at both campuses.

The Employer maintains one electronic payroll system which is in effect at both campuses. The supervisor of payroll, and the three employees who report to her, all have bi-campus responsibilities. If an employee works at more than one campus during a pay period, the hours are aggregated and the employee is compensated for the total number of hours in one paycheck.

The Employer maintains one administrative services manual governing both campuses. The policies and procedures set forth in the administrative manual are uniformly applicable to both campuses so that there will be a consistent level of care at all locations and to facilitate the movement of staff between campuses. A copy of the administrative manual is kept in each department at both campuses. The administrative manual contains policies, such as “chain of command in the absence of the director of nursing,” “competency, nursing staff,” “standards of nursing care,” and “standards of nursing practice” which directly relate to the employment and job performance of the registered nurses at both

facilities. The administrative policy manual governs virtually all aspects of the registered nurses' job, from patient confidentiality policies to code blue procedures. The infection management policies are created jointly and are applicable to all locations. The infection control nurses cover for each other when there is an absence and they jointly provide training to new employees. Similarly, the wound care policies and procedures are uniformly applied to both campuses. The Employer has one enterostomal therapist nurse, who is responsible for wound care policies and procedures at both the Roscoe and Sherman Way campuses. The medication administration policies were jointly drafted by the two Vice Presidents of Patient Care Services and the Pharmacy Directors. They are the same for both campuses, except insofar as they relate to the automatic dispensing medication system, which at this time is only in place in certain areas at the Roscoe Campus.

In addition to the general administrative policies, there are unit specific policies which may relate to a unit which exists at only one of the campuses or which is different due to the nature of the services provided there. For example, only the Roscoe Campus has a unit specific policy for the neonatal intensive care unit or the pediatric intensive care unit. And, the unit specific policies for the post-anesthesia care unit or the operating room might be different at the Roscoe Campus since they perform certain surgeries, such as cardiovascular surgeries, which are not performed at the Sherman Way Campus.

The Employer offers a number of social activities which are open to employees at both campuses. There is a bi-campus "fun committee," which plans social events, trips and other activities open to all employees, regardless of the campus to which they are assigned. Moreover, the Employer has organized several bi-campus athletic teams, such as softball, bowling and soccer.

As noted above, there is a Vice President of Patient Services for each of the campuses, who is responsible for all of the registered nurses at that campus. The Vice President of Patient Services for the Roscoe Campus, Ms. Uhl, assumed her position in June 1998 and the Vice President for Patient Services for the Sherman Way Campus, Ms. Cole, assumed her position in September 1998. Since joining NHMC in 1998, Ms. Uhl and Ms. Cole

have worked toward more fully integrating the nursing services at both campuses to insure consistent patient care at both campuses and to facilitate the movement of staff between the campuses. Ms. Cole testified that when she was hired as the Vice-President of Patient Care Services at Sherman Way, the President of NHMC explained to her the Employer's goal of fully integrating the two campuses. The record contains ample evidence of the efforts of Ms. Cole and Ms. Uhl to coordinate the education program for nurses and to develop uniform policies and procedures.

Ms. Uhl and Ms. Cole meet on a regular basis to ensure consistency between the campuses. They both participate on the Senior Leadership Team, which insures that the development and implementation of policies and procedures are consistent. The Senior Leadership Team meets at least once every other week. They also participate in the Leadership Forum, which consists of the Senior Leadership Team, as well as the individuals who report directly to them, and some clinical supervisors. The purpose of this committee is to facilitate communication about common policies and procedures to the managers and supervisors at both campuses. The two Vice-presidents of Patient Care worked together to review and develop the joint policies and procedures. They worked with the education director to develop the education plan for the registered nurses. They also consult with each other with respect to issues of discipline, in an effort to ensure consistency between the campuses.. Thus, they try to coordinate consistency and insure integration of their campuses through the common education program and the common policies and procedures. In addition, they try to coordinate their activities so that nurses can more easily float between campuses, transfer between campuses and take advantage of promotional opportunities at both campuses.

The wage scale, job classifications and benefits are the same for all registered nurses, regardless of whether they are assigned to the Roscoe Campus or the Sherman Way Campus. The compensation for all employees, including the registered nurses, is based upon a common salary schedule and not by the campus location. Registered nurses at both campuses possess similar skills, perform similar work functions, and their job performance is governed by the same nursing policies.

The record reveals evidence of both temporary and permanent transfers of registered nurses between campuses. The Employer regularly reviews the staffing levels at both campuses and makes adjustments based upon the patient census and acuity level. There is a “float pool” at each campus. There are 7 or 8 registered nurses assigned to the float pool at the Roscoe Campus and 12 or 13 registered nurses assigned to the float pool at the Sherman Way Campus. The float pool consists of full-time employees who receive benefits, part-time employees who receive benefits, and per diem employees. Employees who work at least two shifts a week are considered to have regular status and those who work less than two shifts a week are considered to be casual per diem. The employees in the float pool are available to work at the campus other than the one to which they are assigned.

Before the start of each shift, the Employer evaluates the patient census and the acuity of the patients and determines whether the scheduled staffing level is appropriate. If a unit at a particular campus is understaffed, the Employer will first try to move a registered nurse from a unit at that campus which is overstaffed. If there is none available, the Employer will try to use a registered nurse from the float pool at that campus. If the Employer is unable to obtain the needed help from the float pool, the Employer then looks at the availability of registered nurses at the other campus in units that are overstaffed and at the float pool at the other campus. If the Employer is unable to fulfill its needs by any of the above methods, the Employer contacts registered nurses who were not scheduled to work, but have indicated their willingness to be called to work extra if needed. Only if the Employer is unable to meet its needs by any of the above methods does the Employer contact the outside registry, with whom it has a contractual relationship.

If the Employer desires to temporarily transfer a registered nurse to fill in at another unit at their campus which is considered within the same “cluster,” the registered nurse must perform that work. However, if the Employer desires to transfer the registered nurse to a unit outside the cluster, or to the other campus, the registered nurse has the option of whether or not to voluntarily accept that assignment. There are about 8 to 10 “clusters”

at the Roscoe Campus. When employees are temporarily assigned to another campus, they enter their home department numbers into the timekeeping system.

The record reveals that between 1996 and 1999 there were 894 temporary transfers between the Roscoe Campus and the Sherman Way Campus, of which 161 were transfers of registered nurses. The number of temporary transfers each year were: 327 temporary transfers in 1996, of which 64 were registered nurses; 197 temporary transfers in 1997, of which 26 were registered nurses; 203 temporary transfers in 1998, of which 37 were registered nurses; and 167 temporary transfers in 1999, of which 34 were registered nurses. The Employer submitted evidence that, with respect to the registered nurses, the number of temporary transfers each year involved the following number of shifts: 1996 – 452.10 shifts; 1997 – 141.50 shifts; 1998 – 148 shifts; and 1999 – 105.5 shifts.

With respect to permanent transfers, the record reveals that when a job is posted, any employee who has been employed by the Employer for six months can submit a transfer request. The Employer tries to give a preference to current employees who wish to transfer to an open position, over other applicants. Transfers from a unit at one campus to a unit at another campus are treated the same as transfers between two different units at the same campus. Between 1996 and 1999, there were 164 employees, including 32 registered nurses who permanently transferred from one campus to the other.

The Petitioner has agreed that the infection control practitioners, who are registered nurses, should be included in the unit. There is one full time infection control practitioner at the Sherman Way Campus and one full time and one part-time infection control practitioner at the Roscoe Campus. I note that they worked together to develop the infection control policies, which are in effect at both campuses and that they cover for each other when one is on a vacation or other leave. They also provide training for employees at both campuses.

With respect to the supervision of registered nurses, the record reveals that there are clinical managers who have responsibility over one or more units at a particular campus. In addition, some of the units also have a clinical supervisor. The clinical supervisors

and managers do not have any supervisory authority over the registered nurses at the campus other than the one to which they are assigned. Similarly, the clinical supervisors and managers do not have any supervisory authority over registered nurses in other units at their campus. The clinical managers at the Roscoe Campus report to the Vice-President of Patient Care Services for that facility (Judy Uhl) and the clinical managers at the Sherman Way Campus report to the Vice-President of Patient Care Services for the Sherman Way facility (Judie Cole). The clinical managers in mental health unit report directly to the Vice President of Behavioral Health, who has bi-campus responsibilities. Although generally the registered nurses in the agreed upon classifications are directly supervised by supervisors and/or managers located at their particular campus, I do note that the Director of Training and Development supervises the clinical educators who work at both campuses and clinical educator is a job classification that the Petitioner agrees should be in the Unit.

The Board has consistently held that a single-facility unit geographically separated from other facilities operated by the same employer is presumptively appropriate, even though a broader unit might also be appropriate. *Staten Island University*, 308 NLRB 58, 61 (1992). In *Manor Healthcare Corp.*, 285 NLRB 224 (1987), the Board reaffirmed its application of the rebuttable presumption that single facility units are appropriate in the health care industry. The Board considers traditional factors in deciding whether the presumption has been overcome. Those factors include: geographic proximity; employee interchange and transfer; functional integration; administrative centralization; common supervision; and bargaining history. In the health care industry, the Board also considers the possible adverse effects of a work stoppage. *West Jersey Health System*, 293 NLRB 749, 751 (1989). The Board has noted that “no particular quantum of proof or specific factual showing can be said to be necessary for rebuttal...” *Manor Healthcare*, 285 NLRB at 227.

I am mindful of the fact that the Act does not require a unit to be the most appropriate unit or the only appropriate unit. *Morand Bros. Beverage Co.*, 91 NLRB 409 (1950). I am also convinced that an employer’s more efficient administration of labor relations in a

multi-facility unit is not a factor to be relied upon in determining the appropriateness of a single versus multi-facility unit. Nevertheless, after a thorough review of the evidence in the record herein, I conclude that the Employer has rebutted the presumption that a single-facility unit would be appropriate in this case.

The evidence reveals that NHMC operates as one highly integrated entity. Not only does it hold itself out to the public as one entity, but the management structure and departmental functions are integrated. The Employer's organizational structure includes functionally integrated and centralized accounting, purchasing, payroll, transportation, health and safety, volunteer and fundraising departments. A common computer system integrates operational functions, such as medical records and financial services, so that patient information can be accessed from either campus. There is one integrated budget control system, as well as one time management system and common payroll. The Employer has one manager with bi-campus responsibility who oversees integrated functions which directly effect the registered nurses, such as employee health and industrial rehabilitation, and security and transportation. The information systems for the admissions, discharge and transfer systems, the order communication system and the laboratory, pharmacy and radiology systems are integrated.

Moreover, as discussed above, I note that the Employer maintains a centralized human resource department, which establishes and administers the common employment policies, including the grievance and discipline procedures. The employment of registered nurses is governed by the same employee handbook. Furthermore, the registered nurses at both campuses share common wages and benefits, and common working functions, skills and working conditions.. In addition, the registered nurses at both campuses attend the same orientation session and are invited to attend the same training sessions. I further note that the central human resources department is involved in the hiring of employees at both campuses. The department recruits and screens all applicants and all offers of employment must come from the human resources department. Open positions are posted at both campuses and joint advertisements are placed in local newspapers and other publications. As noted above, although applicants can express a preference for a

particular campus, they are informed that they may be offered a position at either campus. Furthermore, the central human resources department is also involved in all significant disciplinary actions.

With respect to the issue of employee interchange, I note that twice daily the Employer reviews its staffing levels and nurses who are not needed at one campus may be given the opportunity to work at the other campus. However, the Employer first tries to fill its need with registered nurses scheduled to work at that campus before offering work to registered nurses at the other campus. Registered nurses who desire to work extra shifts can register to do so at either or both campuses. The record reveals evidence of temporary transfers of unit employees from one campus to the other, as well as evidence of permanent transfers.

In addition to the contact occasioned by the temporary transfer of employees from one campus to another, employees from the two campuses have contact with each other during the regular bi-campus social and athletic activities, during the common orientation and training sessions and at any bi-campus committees on which they may participate.

Thus, the record reveals, and I find, that the Employer's operations are functionally integrated and administratively centralized. I further find that the employees at both campuses share common work functions, skills, and working conditions and are subject to common policies and procedures. In addition there is a significant amount of employee interchange, transfer, and contact between the two campuses. I further find that the Roscoe and Sherman Way campuses are located relatively close to each other. I do note that the employees are directly supervised by supervisors at their own campus. However, as noted by the Employer, the lack of common day-to-day supervision between the facilities does not preclude a determination that the single facility presumption has been rebutted. See, *Big Y Foods, Inc.*, 238 NLRB 860, 861 (1978). In this regard, I note again that the direct supervisors and managers at each facility do not exercise significant control over the terms and conditions of employment. The labor relations and employee benefits programs are centrally administered. Further, the centralized human resources department maintains the authority to impose significant disciplinary actions and is in-

volved in the hiring process and the internal grievance process. There has been no collective bargaining history and no prior collective bargaining agreements covering the employees in the unit sought during the past five years.

With respect to the issue concerning the potential for disruption of patient care, I note that to the extent that certain services are available at only one of the campuses, a disruption at that campus would have an adverse affect on the provision of health care. However, I also agree with the Petitioner that an employer-wide unit would tend to broaden a dispute and increase the potential for disruption of patient services. Accordingly, I do not find that there would be a substantial increased risk of work disruption if a single facility unit were found appropriate. See *Manor Healthcare*, 285 NLRB at 226-228. Nevertheless, based on the record as a whole, after evaluating all of the appropriate factors, I conclude that the Employer has rebutted the presumption that a single-facility unit is appropriate. See, *Lutheran Welfare Services*, 319 NLRB 886 (1995); *West Jersey Health System*, 293 NLRB 749 (1989).

I am aware that in a similar proceeding in September 1995, in case 31-RC-7313, the Acting Regional Director for this Region found that a unit of registered nurses at the Roscoe Campus was appropriate, rejecting the employer's argument that the only appropriate unit would include nurses at the employer's other facility, as well as the Roscoe facility. At the time of that Decision, the two facilities were owned and operated by Uni-Health. As noted in that decision, the two facilities, which previously had been separate corporate entities and separate and distinct employers, merged in about June 1995 – only about two months before the issuance of that Decision. Since the issuance of that Decision, Catholic HealthCare West of Southern California has taken over the operation of NMHC and the process of integrating the two facilities has progressed significantly. The current President of NMHC, who assumed that position in March 1997, has undertaken the goal of more fully integrating the two campuses. The two Vice-Presidents of Patient Care Services were hired under his tenure in 1998. The record reveals that they have worked together to establish uniform policies and procedures, training, and working conditions for the registered nurses. As revealed by their testimony, one of the goals of

this process has been to fully integrate the registered nursing staff to insure consistent patient care at both campuses and to facilitate the movement of staff between the two facilities. Not only did they develop uniform policies and procedures that govern the job performance of the registered nurses at both campuses, but they consult each other with respect to matters such as the administration of discipline in an effort to ensure consistency at the two locations. In light of the changed circumstances, the Decision and Direction of Election which issued in Case 31-RC-7313 in 1995 does not preclude my finding, based on the record in this matter, that the Employer has rebutted the presumption that a single facility unit is appropriate.

The parties disagree with respect to the unit placement of the registered dialysis nurses and the nurses in the family practice unit. The Petitioner asserts that they should be excluded from the unit and the Employer asserts that they should be included. There are 25 registered dialysis nurses. Eleven of the dialysis nurses work at the outpatient clinic at 18546 Roscoe Blvd. (“the Northridge Clinic”) and eight of the dialysis nurses work in the Mobile Dialysis Unit, which also operates out of the 18546 Roscoe Blvd. address. The remaining six dialysis nurses work at the satellite dialysis clinic located at 7230 Medical Center Drive in West Hills. The West Hills satellite dialysis clinic is located about 11 miles from the Roscoe Campus. The dialysis nurses have been encompassed in the Roscoe Campus organizational structure since the dialysis operations were purchased by CatholicCare West in December of 1998. There are separate clinical managers for the Northridge Clinic, the Mobile Dialysis Unit and the West Hills Clinic, each of whom report to the Director of Dialysis.

The dialysis nurses assigned to the mobile unit work with patients who are in an acute care facility or in a home setting and who are unable to come into the outpatient clinics. They work with patients at both the Roscoe and Sherman Way acute care facilities. In addition, they provide services for the Trinity Care home health care agency and at Glendale Community Hospital, pursuant to contractual arrangements between the Employer and those entities. The mobile care nurses who perform services for Trinity Care or at the Glendale Community Hospital remain employees of the Employer, subject to the

Employer's human resources policies and procedures, and are paid by the Employer. The mobile unit operates 7 days a week and the clinics operate 6 days a week. The dialysis nurses work 12 hour shifts. The registered dialysis nurses receive the same benefits as other unit employees. There is a separate job classification and salary schedule for the registered dialysis nurse. However, there also are separate job classifications for other unit registered nurse positions, such as clinical educator, infection control practitioner, trauma nurse coordinator, employee health nurse and case manager. And, there are separate salary schedules for certain unit positions, such as the case managers, clinical educators, clinical nurse educators, trauma nurse coordinators, clinical nurses and clinical coordinators. Unlike other registered dialysis nurses and other unit employees, the mobile dialysis nurses are paid per visit, rather than per hour.

The Employer notes that the job classifications which the union stipulated should be included in the unit includes nurses who, like the registered dialysis nurses, work in clinical care settings. The Union entered into the stipulation that the appropriate unit should include registered nurses who work at 18350 Roscoe Blvd and 18420 Roscoe Blvd, in addition to those who work at the acute care facility at 18300 Roscoe Blvd. Mindful of Congress' concern with the proliferation of units in the health care industry, as reflected in the legislative history of the 1974 amendments to the Act, I find that the registered dialysis nurses should be included in the unit.

In this regard, I note that the dialysis clinics have been integrated into the NHMC and have been administratively incorporated into the Roscoe Campus. I find that the registered dialysis nurses share a substantial community of interest with the other registered nurses employed by the Employer. The registered dialysis nurses are subject to the same centralized human resource and administrative policies as the other unit nurses. Thus, as with the other unit employees, the centralized human resources department is involved in disciplinary actions and in the hiring process of registered dialysis nurses.

The record reveals that the registered dialysis nurses who work in the Northridge clinic work in close geographic proximity to the other unit employees. Also, obviously, the mobile unit registered dialysis nurses work in close proximity to unit employees when

they are assigned to work at the acute care facilities at the Roscoe and Sherman Way campuses. Moreover, the dialysis nurses assigned to the West Hills satellite dialysis clinic work only 11 miles from the Roscoe campus. The registered dialysis nurses interact with other unit employees during the general new employee orientation and they are invited to participate in the various NHMC social and athletic activities. In addition, the mobile unit registered dialysis nurses interact with unit employees when they work with patients at the Employer's acute care facilities at the Roscoe and Sherman Way campuses.

There are two registered nurses in the Family Practice Unit. The record does not establish the job duties of these nurses or provide any guidance as to how their jobs might be different than those of other registered nurses who work in the non-acute care settings, and who have been stipulated to be in the Unit. To the contrary, it appears from the record that these family practice nurses share similar terms and conditions of employment as other unit employees and share a community of interest with them. One of the registered nurses in the family practice unit is a clinical educator and that although the Union asserts that the family practice nurses should be excluded from the unit, it agrees that the job classification of clinical educators should be included in the unit.

Based on the record as a whole, I conclude that the registered dialysis nurses and the family practice nurses share a substantial community of interest with other unit employees and, therefore, I shall include them in the unit.

The parties stipulated, and I find, that the per diem nurses who average at least 8 hours in a payperiod (which is two weeks) over the 13 weeks prior to the eligibility date shall be eligible to vote. *S. S. Joachim and Anne Residence*, 314 NLRB 1191 (1994).

At the Hearing, the Union stated that it was not willing, at that time, to state whether it was willing to proceed to an election in any unit found appropriate. As I have directed an election in a unit larger than that sought by the Petitioner, the Petitioner is permitted to withdraw its petition without prejudice upon written notice to me within 10 days from the date of this decision or, if applicable, from the date the Board denies any request for

review of the unit scope findings in this decision. *Independent Linen Service Co. of Mississippi*, 122 NLRB 1002, 1005 (1959).

Also, since I have directed an election in a unit larger than that sought by the Petitioner, the Petitioner is hereby given 14 days to submit the additional evidence of showing of interest. These 14 days will be counted from the date of this decision or, if applicable, from the date the Board denies any request for review of the unit scope findings in this decision.

There are approximately 513 employees in the unit at the Roscoe Campus. The record does not reveal the number of unit employees at the Sherman Way Campus.

- 4/ In accordance with Section 102.67 of the Board's Rules and Regulations, as amended, all parties are specifically advised that the Regional Director will conduct the election when scheduled, even if a request for review is filed, unless the Board expressly directs otherwise.

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